

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

380032
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		8					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18		4					68						
19		4					69						
20		4					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28	1						78						
29		1					79						
30		2					80						
31		2					81						
32		2					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37	1						87						
38		1					88						
39		2					89						
40		2					90						
41		2					91						
42		0					92						
43		0					93						
44		0					94						
45		0					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	65						TOTAL DEP.						
TOTAL CLAIMS	69						TOTAL CLAIMS						